

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-10-02

* 01-348

Arthur V. Belendiuk
 Smithwick & Belendiuk, P.C.
 5028 Wisconsin Avenue, N.W.
 Suite 301
 Washington, DC 20016

2. Article Number (Copy from service label)

0023 0771 2627

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly) _____ B. Date of Delivery 12/18/02
- C. Signature X S. Schuneman ☐ Agent ☐ Addressee
- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesDOCKET NO. 61-348

CERTIFIED
MAIL

ORDER DATED <u>12-10-02</u>
FCC <u>02M-111</u>
MIMEOGRAPH NO.

RETURN RECEIPT REQUESTED

NAME Arthur V. Belendiuk
 Smithwick & Belendiuk, P.C.
 5028 Wisconsin Avenue, N.W.
 Suite 301
 Washington, DC 20016

C. R. R. NO. _____

BY _____

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Name (Please Print Clearly) (to be completed by mailer)

Arthur V. Belendiuk

Street, Apt. No.: or PO Box No.

5028 Wisconsin Avenue, N.W.

City, State, ZIP+4

Washington, DC 20016

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2627